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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newman, Anderson & Maloy Attorneys at Law
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria S. Anderson
(Name of Person)

Newman, Anderson & Maloy Attorneys at Law
(Firm/Company)

P O Box 950988
(Address)

Lake Mary, FL 32795
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria S. Anderson at (407) 252-9951
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Newman, Anderson & Maloy Attorneys at Law, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1403 Medical Plaza Drive

Suite 214

Sanford, FL 32771

Mailing Address:

P O BOX 950988

Lake Mary, FL 32795

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Victoria S. Anderson

Name

1403 Medical Plaza Dr. Suite 214

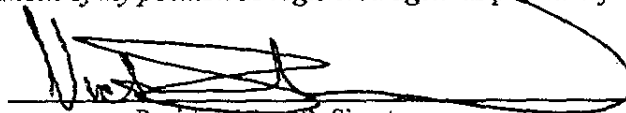
Florida street address (P.O. Box NOT acceptable)

Sanford

FL 32771

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

(CONTINUED)

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FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Dr. Willie Newman

1403 Medical Plaza Dr. Suite 214

Sanford, FL 32771

Victoria S. Anderson

1403 Medical Plaza Dr. Suite 214


Sanford, FL 32771

Mandie Maloy

1403 Medical Plaza Dr. Suite 214

Sanford, FL 32771

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Victoria S. Anderson

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)